

FILED APR 12 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **10455**
3027

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Arkansas b. COUNTY Green	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN S t. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Gainesville 8030	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) R.F.D. #2	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2517 North Market Street			

3. NAME OF DECEASED (Type or Print) a. (First) Mary Jane b. (Middle) Martin c. (Last) Randall			4. DATE OF DEATH (Month) (Day) (Year) March 29, 1952		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Feb 16, 1870		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (State or foreign country) Alabama	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Elick Brown		13b. MOTHER'S MAIDEN NAME Anne Brock	
14. NAME OF HUSBAND OR WIFE Nath Randall		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. Nil	

17. INFORMANT'S SIGNATURE OR NAME Mrs. Lewis Birkla-2517 North Market		ADDRESS 2517 North Market	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		DUPLICATE OF (b) Hypertensive Cardio renal disease		1 hr	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) Senility			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4201	

22. I hereby certify that I attended the deceased from **Feb 5th 1952**, to **March 29, 1952**, that I last saw the deceased alive on **3/29/52**, and that death occurred at **9 AM** m., from the causes and on the date stated above.

23a. SIGNATURE W. L. D. Raylock (Degree or title)		23b. ADDRESS 1415 Felicity 7 St. Louis		23c. DATE SIGNED 3/29/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-29-52		24c. NAME OF CEMETERY OR CREMATORY Paragould, Arkansas.	

DATE REC'D BY LOCAL REG. MAR 31 1952		REGISTRAR'S SIGNATURE J. Carl Smith MD		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe-4700 Washington Blvd	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by ~~me~~, or by Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed E. J. Penelucis

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.